

OSAH FORM 1This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CSE	CASE CODE SDCFS	DOCKET NUMBER	COUNTY	JUDGE
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REFERRING AGENCY: CHILD SUPPORT ENFORCEMENT

USE FOR CSE TAX OFFSETS (SDCFS): HEARING IS REQUESTED BY ☐ TAXPAYER ☐ TAXPAYER'S SPOUSE ☐ BOTH PARTIES
☐ 42 USC ' 664, 45 CFR ' 303.72(Federal), ☐ OCGA ' 19-11-18(8) and OCGA ' 48-7-160(Georgia)

County in which local CSE office is located: _____ CSE (STARS) NO.: _____

☐ THIS CASE INVOLVES MULTIPLE CASES (SAME TAXPAYER, MULTIPLE CUSTODIAL PARENTS) THAT SHOULD BE CONSOLIDATED FOR
 TELEPHONE HEARING REQUESTS.

OSAH CLERK: PLEASE CONSOLIDATE REFERRALS REGARDING THE SAME TAXPAYER FOR HEARING WHENEVER POSSIBLE.

AMOUNT OF OFFSET: _____ (Federal) TAX YEAR OF REFUND INTERCEPTED: 200__
 AMOUNT OF OFFSET: _____ (State) TAX YEAR OF REFUND INTERCEPTED: 200__

DATE OF CSE'S RECEIPT OF HEARING REQUEST: _____

TAXPAYER:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	SOCIAL SECURITY NUMBER:	EMAIL:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

TAXPAYER'S SPOUSE: STATE TAX CLAIMS ONLY; IF A FEDERAL TAX CLAIM FOR A SPOUSE (INJURED SPOUSE) IS
 ERRONEOUSLY REFERRED TO OSAH, IT SHOULD BE DISMISSED ON THE ALJ'S MOTION FOR LACK OF JURISDICTION.

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	SOCIAL SECURITY NUMBER	EMAIL:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL:

LOCAL CSE OFFICE:

NAME OF OFFICE:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	CSE AGENT:	CSE AGENT DIRECT TEL NO:
SPECIAL REQUESTS, IF ANY:		EMAIL:
	CSE AGENT'S SUPERVISOR	CSE AGENT'S SUPERVISOR DIRECT TEL.NO:
		EMAIL: